

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39572  
STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4121 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Billings</b>		c. CITY OR TOWN <b>Billings, Rt. #1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RR Crossing</b>		d. STREET ADDRESS <b>1/2 mile So. Billings</b>	
Length of stay in lb <b>14 years</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>CLARENCE</b> Middle <b>EMIL</b> Last <b>DANIEL</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>29</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 30, 1895</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>62</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>		11. BIRTHPLACE (City and state or country) <b>Galena, Missouri</b>	
13. FATHER'S NAME <b>Andrew J. Daniel</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>			16. SOCIAL SECURITY NO. <b>500409323</b>		
17. INFORMANT <b>Mrs. Hattie B. Daniel</b>			Address <b>Billings, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushing Injury to Right Side of Head</b> DUE TO (b) <b>Truck-Train accident</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>few minutes?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Frisco Train struck Truck at RR Crossing</b>	
20c. TIME OF INJURY Hour <b>3:00</b> Month, Day, Year <b>11/29/1957</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>RR Crossing</b>	
20f. CITY, TOWN, OR LOCATION <b>Billings</b>		COUNTY <b>Christian</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>3:00</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dean Harris</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Clever, Mo.</b>	
22c. DATE SIGNED <b>12/3/1957</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/3/1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
24. FUNERAL DIRECTOR <b>Harris Funeral Home, Clever, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 3, 1957</b>	
26. REGISTRAR'S SIGNATURE <b>Olive Hutter</b>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 11 1957

MAR 24 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Jean Harris*

Licensed Embalmer No. 439

P. O. Address Claver, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.